

MT Trauma Coordinators / Registrars Update

February 9, 2010

What's new?

- Office Manager/Accountant: April Taylor

- EMS-Children Manager: Joe Hansen

- PT Epidemiologist- Jessie Frazier

New MHA data sources:

 - Hospital Discharge data

 - Emergency Department data

 - E-codes

Designation/Verification

Focused Reviews:

Dillon	3/3	TRF
Whitefish	3/10	TRF

Re-designation:	Big Timber	11/10	TRF
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Designation:	Ronan	11/12	CTH
	Ennis	11/19	TRF
	Scobey	1/14	TRF
	Lewistown	1/26	CTH
	Colstrip	2/3	TRF
	Crow Agency	2/17	TRF

Designation/Verification

“Upgrade” App Polson TRF to CTF

FR/Documentation (3/2010)

**Conrad
Superior**

**TRF
TRF**

“On Deck” Phillipsburg

TRF

Designation/Verification

ACS Level III/MT Area Trauma Hospital

Focused Review

Kalispell March 8

ACS level II/MT Regional Trauma Center

Re-verification/Designation review

St. Patrick, Missoula

March 8 & 9

ACS Level II/MT Regional Trauma Center

Re-verification/designation review

Billings Clinic

May, 2010

Designation/Verification

**If all meet criteria,
Designated Montana
Trauma Hospitals**

will = 32!

Montana Health Research and Education Foundation

09–10 MHREF Rural Flexibility grant funds:

- 1) Funds for regional ATLS equipment**
- 2) Development of web-based Trauma Coordinator education course**
- 3) Pre-hospital trauma education support**

Education

- Victims of Violence in the ED– Feb 5, Glasgow**
- Advanced Care Trauma for Nurses– w/ATLS Billings
April/November– Penny Clifton**
- Peds Are Us– March 18 & repeated March 19
Benefis– Lauri Jackson**
- Spring Fever April 17, Missoula– John Bleicher**
- Rimrock Trauma Conference May 20, Billings
P. Clifton**

Education

2010 Montana Trauma System Conference
September 15, Great Northern, Helena

2010 Rocky Mountain Rural Trauma Symposium
September 16 & 17, Great Northern, Helena
CRTAC “hosting”

Advanced Burn Life Support

9/22– Billings; 18, 9/24– Glasgow; 17

Missoula: January 26; 22

Kalispell: January 28; 22

Total= 116

AAOS Advanced Assessment & Treatment of Trauma

- ▶ **Course Cost/Books: \$ 48/each**
- ▶ **Adapting Advanced book & course to all levels**
- ▶ **“Pilot” course February 4, 2010**
 - 27 students & 13 CC/Instructors**
- Charge state–supported courses only for ½ book cost (\$24/each)– buy more books**
- Less structured, more flexible format, on–line prep component**
- Need to ensure specific trauma content of course**

Disaster Life Support Courses

▶ BDLS: budgeted for 3 courses,
TBD

March, April , May 2010

▶ ADLS: budgeted 1 course, June
25/26 @ Fairmont

System Issues

- ▶ Pediatric neurosurgical availability & planning
- ▶ Air EMS– ECC Google group
- ▶ Interfacility Transfer care
- ▶ TEAM Course issues
- ▶ Trauma program, response issues with program Leadership changes
- ▶ Obese Trauma patients
- ▶ Anticoagulated Trauma Patients

RTAC PI

PI from Central Trauma

Registry:

EMS trip reports

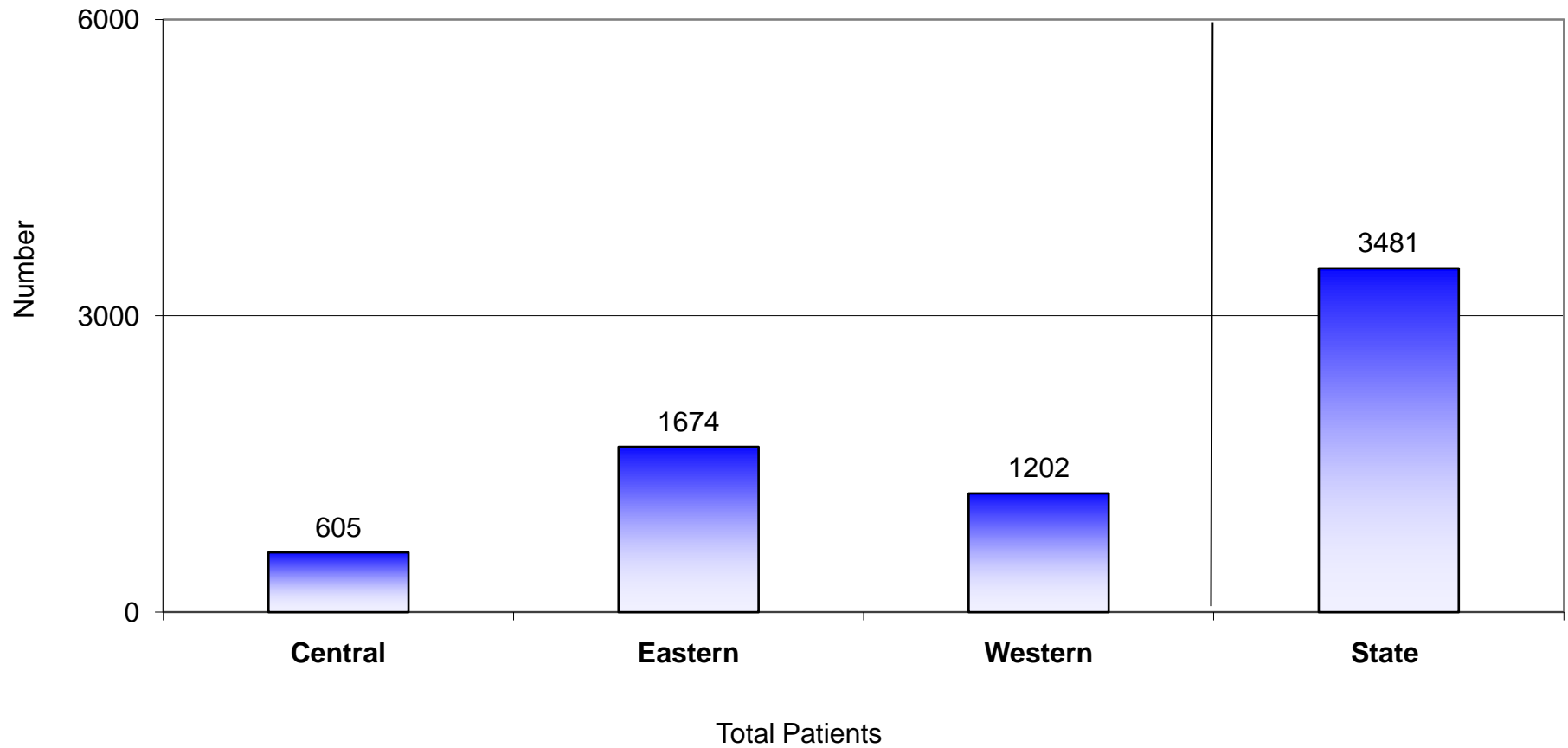
Deaths

GCS < 9 & not intubated

State Trauma Care Committee Report February 8, 2010

**Montana Trauma Registry
January 1 – September 30, 2009**

Total Patients Year 2009



Central Region Facilities

Fort Benton - Missouri River Medical Center	6
Havre - Northern Montana Hospital	1
Townsend - Broadwater Health Center	6
Cut Bank - Northern Rockies Medical Center	13
Conrad - Pondera Medical Center	7
Chester - Liberty County Hospital	1
Great Falls - Benefis Health Care	318
Helena - St. Peter's Hospital	12
Total 3rd Qtr	364

Eastern Region Facilities

Ennis - Madison Valley Hospital	4
Livingston Memorial Hospital	32
Roundup Memorial Hospital	20
Lewistown - Central Montana Hospital	16
Scobey - Daniels Memorial Hospital	1
Culbertson - Roosevelt Memorial Medical Center	1
Harlowton - Wheatland Memorial Hospital	9
Red Lodge - Beartooth Hospital & Health Center	20
Plentywood - Sheridan Memorial Hospital	2
Columbus - Stillwater Community Hospital	6
Wolf Point - Trinity Hospital	17
Poplar - Northeast Montana Health Services	11
Glasgow - Frances Mahon Deaconess Hospital	14
Big Timber - Pioneer Medical Center	14
Hardin - Big Horn County Memorial Hospital	4
Crow Agency - PHS Indian Hospital	44
Bozeman Deaconess Hospital	150
Billings - Billings Clinic	523
Billings - Saint Vincent Healthcare	164
Circle - McCone County Health Center	1
Lame Deer Clinic	3
Colstrip Medical Clinic	7
Total 3 rd Quarter	1063

Western Region Facilities

Polson - St. Joseph Hospital	27
Anaconda - Community Hospital of Anaconda	26
Hamilton - Marcus Daly Memorial Hospital	13
Dillon - Barrett Hospital	32
Superior - Mineral County Hospital	20
Ronan - St. Luke Community Hospital	21
Deer Lodge - Powell County Memorial Hospital	18
Libby - St. John's Lutheran Hospital	8
Whitefish - North Valley Hospital	46
Philipsburg - Granite County Medical Center	4
Kalispell Regional Hospital	90
Missoula - Community Medical Center	72
Butte - St. James Healthcare	48
Missoula - St. Patrick Hospital	322
Total 3rd Quarter	747

2009 Patient YTD Demographics

75% ages 10–64 (26% > 55 yrs of age)

7% < 10 of age

14% \geq 65 of age

77% White

14% Native

6% Other

6% ND

67% Male

33% Female

2009 YTD Patient Demographics

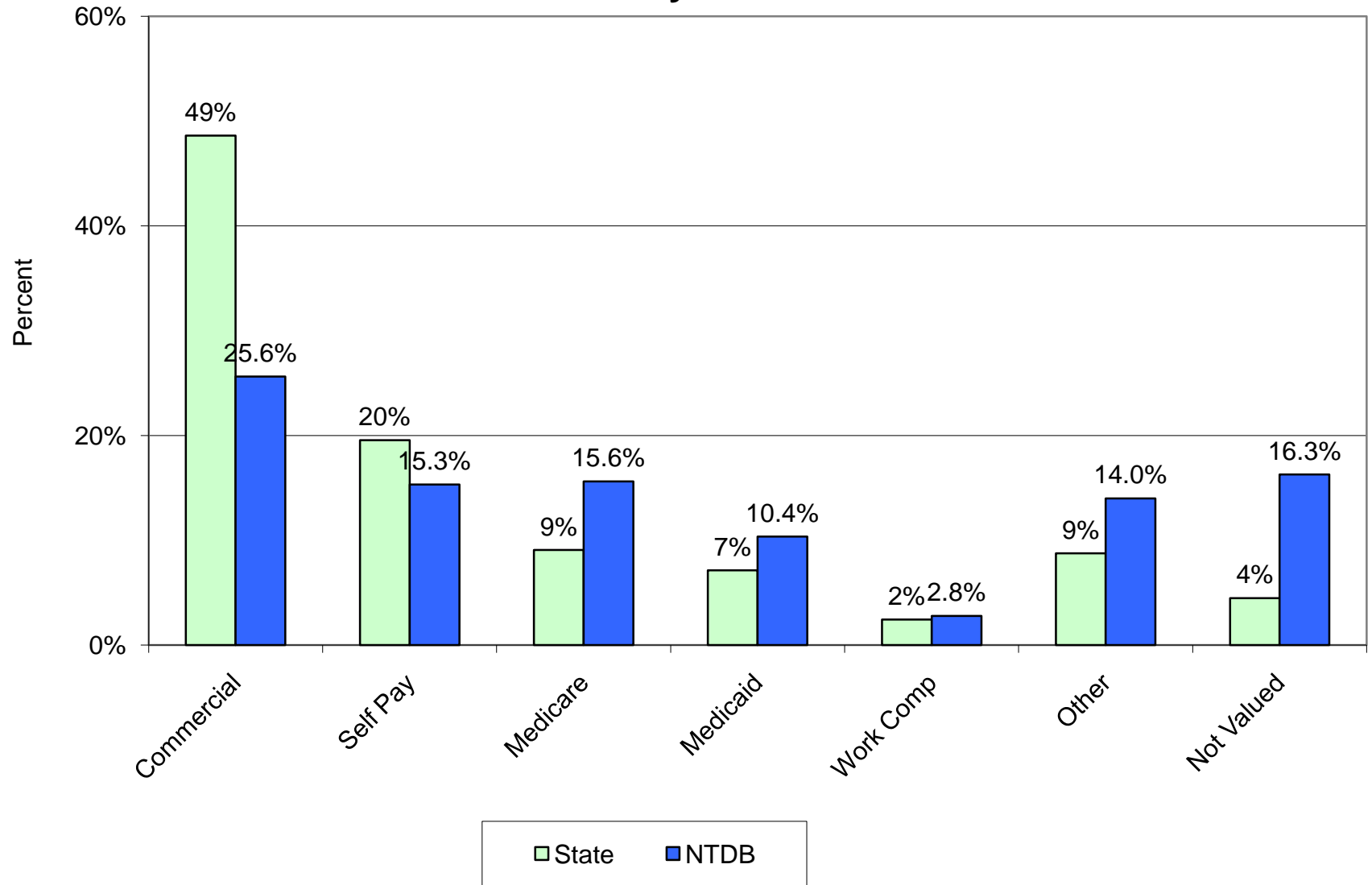
93% Blunt

5% Penetrating

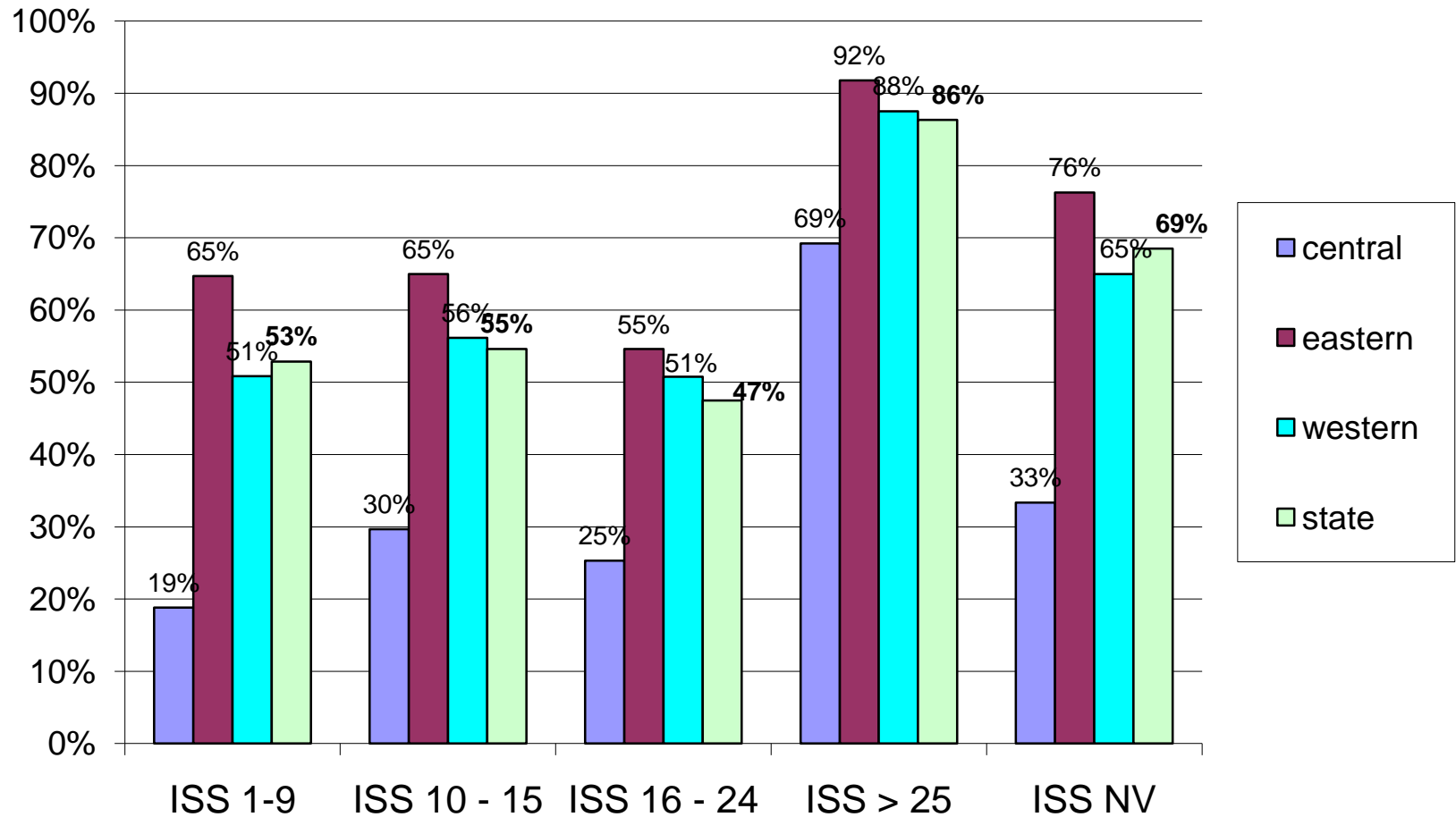
1% Burns

1% Anoxia

Payors



Trauma Team Activations by ISS



Fatalities

N = 90 YTD

Falls – 25 (27%)

MVC – 25 (27%)

MCC/ATV – 13 (14%)
– 1

SIGSW – 9

Assault – 4

Hanging – 2

Animal related – 2

Pedestrian – 3

Ski crash – 1

Strangulation

Explosion – 1

Crush – 1

Drowning – 1

Electrocution – 2

Registry Issues

- ▶ Mechanism of injury: 8% YTD not documented

Race – 6% still not documented

Still working to fund web-based TR for paper users– looking @ NHTS funds

Next Data transfer

March 1: 4th Quarter, 2009

Need race documented

Encourage EMS to document interventions & times

New TC/TRs: document known or POTENTIAL injuries @ transfer

PI # 1: Trauma Patients Transported per EMS Without Trip Report in the Medical Record

Prehospital Transport: YTD 09:1510

Report available: YTD 1000 (66%),
(08: 76%)

No Report: YTD 510 (34%),
(08: 29%)

PI # 1 cont'd

Ambulance Transports YTD

Central: 218 (36% of total pts)

+ Report: 129 (59%), No Report 87 (39%), ND 2

Eastern: 757 (45% of total pts)

+ Report: 566 (74%), No Report: 190 (25%), ND 1

Western: 535 (45% of total pts)

+ Report: 305 (57%), No Report 209 (39%), ND 21
(4%)

PI # 1 cont'd

Ambulance Transports YTD, by activation phase

Central

Prehospital:	35	No report:	8 (23%)
		blank:	1
		EMS Service not ID'd:	0

Transfer from another facility: 61

	No report:	43 (70%)
	blank:	4
	EMS Service not ID'd:	4

PI # 1 cont'd

▶ Ambulance Transports YTD, by activation phase Eastern

Prehospital: 372

No report: 31 (8%)

blank: 1

EMS Service not ID'd: 5

Transfer from another facility: 150
(69%)

No report: 103
blank: 0

EMS Service not ID'd: 60

PI # 1 cont'd

▶ Ambulance Transports YTD, by activation phase Western

Prehospital: 217

No report: 55 (25%)

blank: 10

EMS Service not ID'd: 5

Transfer from another facility: 82

No report: 50 (61%)

blank: 6

EMS Service not ID'd: 38

PI # 2: Transferred Trauma Patients w/ISS ≥ 15 & time at first facility \geq 6 hrs

7 YTD transfers w/ISS ≥ 15 & time @ facility
 ≥ 6 hrs

2 transferred after adm: avg hours; 49

5 transferred from ED: avg hours; 7.5

* Need time of decision to transfer

PI #3: Trauma patients with
ISS ≥ 15 and ED time ≥ 2 hours

Level II facilities excluded

YTD: 124 patients

YTD Average ED time: 212" = 3.5hr

YTD Average ISS: 20

Now looking at number of patients of
facilities, mean & range of that facility
& dispositions, primarily TRANSFER
times

*Need TIME of decision to transfer, first
call to obtain transfer mode

PI # 4: Trauma patients who died with an ISS \leq 15
N= 28YTD

Central Region N= 6

- 3 “undercoded” due to lack of complete Dx of injuries in the ED
- 2 isolated head and chest injuries w/low ISS scoring
- 1 MVC, abrasions and hypothermia w/low ISS scoring
- 1 anoxia w/low ISS

Eastern Region N=8

- 4 “undercoded” due to lack of complete injury Dx
- 1 neck fx w/low ISS scoring
- 1 femoral neck fx, elderly, comorbidities & comfort care
- 2 multiple injuries/low codes

PI # 4: Trauma patients who died with an ISS \leq 15
N= 28YTD

Western Region N= 14

- 7 “undercoded” due to lack of complete Dx of injuries in the ED
- 2 isolated head injury/neck injury
w/low ISS scoring
- 1 anoxic injury resulting in low ISS
scoring
- 1 w/minor injuries due fall because of multiple & severe comorbidities
- 2 elderly fall/moderate injuries but
w/comobidities/comfort care
- 1 mult stab inj/mult “open wound
codes” = low coding